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MONTANA COMPREHENSIVE HEALTH PLANNING NEWS

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HJR 18 Implementation —

Legislative Council Studies Public Health Districting

Among many activities which were initiated by findings of the Low-Income Health Task Force Study conducted in numerous Montana communities in 1971 was CHP work to obtain a study of the Montana public health system.

A series of meetings following release of the study between a subcommittee of the State Personal Health Services Committee, Montana State Low-Income Organization, Montana United Indian Alliance and other interested groups culminated in drafting House Joint Resolution 18, which was subsequently passed and signed by Governor Judge.

HJR 18 calls for the Montana Legislative Council, in conjunction with the SDHES "to conduct a study to determine an acceptable minimum level of services to be provided by county and city-county health departments, the feasibility of creating district public health departments and an economical means for providing public health services . . ."

The study design for implementation of HJR 18, approved by the Interim Public Health, Welfare and Safety Committee on June 5, calls for a multi-step approach. Three information collecting steps will be conducted simultaneously over a three-month period with three synthesis steps which will culminate in drafting of specific legislation for the 1975 Legislative Session.

A possible outcome of the HJR 18 study could be enabling legislation for creation of multi-county public health districts—similar to hospital districts or solid waste districts — which would have the power to tax themselves and finance public health projects.

Evaluation of Montana's public health system by the study group has been conducted through the fall of 1973, with the HJR 18 Committee expected to finish study and begin drafting legislation by summer of 1974.

This issue contains the **Fiscal Year 1973 Progress Report Supplement,** discussing some highlights of the year's CHP activity as it relates to the Work Program adopted last year by the State CHP Advisory Council.

County Profiles In Printing

Described as "a basic tool no planner should be without," the Montana County Profiles are slated to become available the first of the year. The nearly two hundred page statistical analysis has taken over three years to complete, at a cost of "'about $5,000," according to Health Planner, Edward Mahn.

Mahn said the study of Montana's population, employment, education, housing and ethnic characteristics is unique in two respects. It is the first correlation of census data in the state based on Montana's five health planning areas and on county divisions. Mahn said the County Profiles are also the first publication of Montana planning data which describes trends in category areas over the forty year interval since 1930.

"It's the most objective material available," said Mahn, and may be used to compare counties and multi-county planning area characteristics with state and national figures. The source of the material is primarily 1970 census computer

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Nixon Signs SB1136

Final figures are in for fiscal 1973 federal expenditures with a CHP budget of $34.8 million, reduced $6.9 million from a potential $41.7 million.

Most HEW cuts were in the health field, with the Health Services and Mental Health Administration losing $569.6 million for a reduced final budget of $1.7 billion.

In a compromise move forced by an intense Congressional push, President Nixon has signed the one-year health programs extension bill, SB1136. Faced with a 372 to 1 vote in the House and 72 to 19 vote in the Senate, the President had little choice. He could have let the bill become law without signing it. Instead, Mr. Nixon issued a statement warning against budget-busting bills but saying "so long as the Congress follows a responsible course in the passage of future spending bills, I will cooperate in the spirit of partnership."

The President's move hints at a coming truce between the White House and Congress on health spending. A series of U. S. District Court decisions appear to have cracked Administration determination to impound funds for health and other domestic spending programs. The court decisions called for HEW release of funds for Community Mental Health Centers, Neighborhood Youth Corps and education programs.

The extension bill covered twelve programs, including CHP, Regional Medical Program, Hill-Burton, Community Health Centers, Maternal, Infant, Children and Youth Centers, and Migrant Health.

Dismantling of many of these programs, which the Administration had hoped to eliminate, has already proceeded at both national and local levels. HEW Secretary Weinberger indicated in recent congressional hearings that HEW will continue RMP for the year, but whether many local RMP's can be brought back to life for a year is a big question.

Essentially what the one-year extension offers is an opportunity to take a thorough look at federal health programs, and to stimulate introduction of new health measures, such as HR 7274, "The Public Health Act of 1973."

Morbidity High Among Indian Children

Despite recent significant improvement, the health of Indian children falls behind that of other American children. So says a report by Helen M. Wallace, M.D., of the University of California School of Public Health in Berkeley.

Indian infant deaths occur at nearly three times the national rate, according to the report, from the fifth week of life through the first birthday, a period considered an index of the baby's care in the home environment. About 83 percent of Indian children survive their first fifteen years, compared with a national average of more than 94 percent.

Dr. Wallace points to a need for improved health and medical care, including immunization against childhood diseases, more accessible health and medical services, early identification and treatment of illnesses and more emphasis on health education for both parents and children.

The report indicated as major contributing factors both poor living conditions and a birth rate nearly double the national average. Mental health is also becoming recognized as a major Indian health problem with estimates of 20 to 25 percent of the Indian population affected in some degree.

Surplus Property Available

Bargain hunting health facility administrators should note that the Office of the Superintendent of Public Instruction has established a Surplus Property Section (S.P.S.) Warehouse to dispose of federal government property "at considerably less than market price."

S.P.S. Director, William J. Ernst, warns, however, that eligibility of educational, public health and civil defense institutions or organizations is strictly checked. He said any Hill-Burton funded facility may participate.

An HEW Office of Surplus Property Utilization memo states: "We should like to specifically caution you to insure that the extended care facilities approval under Medicare or Medicaid is for the entire institution and not just one single unit of an institution which is devoted primarily to domiciliary care." The memo continues, "Only non-profit, tax-exempt, approved extended care facilities can be held to be eligible . . ."

Ernst said that since stock on hand varies considerably, no catalog is available. Buyers must make a direct visit to the warehouse, 1320 Bozeman Ave. in Helena and take delivery.

Interested organizations may obtain Application for Eligibility forms from the Surplus Property Director, Office of the Superintendent of Public Instruction, Helena 59601.

Council Member Honored

Miss Mary T. Burke, a member of State CHP's Advisory Council and Chief, Area Nursing Branch, Billings Area Indian Health Service, has recently been singled out for recognition by Loyola University as "an outstanding woman graduate of the School of Nursing."

Miss Burke was also honored by the Crow Indian Tribe. She was adopted by the Crows and bestowed the name "Bia xia sash," the "Noted Lady" in recognition of her "devotion to the Indian people, and especially for encouraging many young Indians to join the health professions.

NEW FACES IN CHP

As an outgrowth of the Montana Indian Cultural Awareness Conference of last May, Comprehensive Health Planning has hired a new Health Planner. Duane Jeanotte joined the staff of CHP on October 1 and is currently familiarizing himself with the various organizations and institution which deal with Indian-related problems. A good deal of Duane's time is presently being spent "just getting to know people."

Duane comes to CHP from Cuba, New Mexico, where he was the Associate Director of the Checkerboard Area Health System, responsible for administering rural health programs among the Navajo and Chicano peoples. A native of North Dakota, Duane is an enrolled member of the Turtle Mountain Tribe of North Dakota. He is a graduate of Mayville State College, North Dakota, and holds a Masters Degree from the University of Colorado in Health Administration. Duane is married, has one child and lives in Helena.

As a Health Planner for Comprehensive Health Planning, Duane will be working to provide a more effective interface between state institutions and Indian agencies throughout Montana. The identification of particular problems and needs of off-reservation Indians as they relate to health services delivery will be his primary area of concentration. He will also be responsible for assisting in the development of the Indian component of the State Comprehensive Health Plan, as well as working with the Health Services Subcommittee of the State CHP Advisory Council.

The Southwestern Areawide Health Planning Council has also recently hired a Health Planner. Lyle Monroe, a native Montanan and 1970 graduate of the College of Great Falls, will be located in the Bozeman office, organizing and planning for the health of Gallatin County.

Lyle has been working in the social services field for the past few years doing community organization and counseling. He has served as a Constitutional Convention delegate from Cascade County District 13 and advocated health, youth and social concerns as an elected official.

LYLE MONROE

The pursuit of graduate studies at Montana State University, his wife and two children will occupy Lyle's spare time, though not necessarily in the given order of priority.

State Comprehensive Health Planning will again have the good fortune for working with VISTA Volunteer, Dennis Taylor. In his second year as a Volunteer, Dennis will be working closely with the Personal Health Services Subcommittee of the State Comprehensive Health Planning Advisory Council and their work up-dating and implementing the recommendations of the Low-Income Health Task Force Report.

A graduate of the University of Kansas (B.A., 1968) and a Viet Nam Veteran, Dennis will also spend a large portion of the forthcoming year working with Chairperson Mary Munger and the HJR 18 Study Committee in its study of public health services in Montana.

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County Profiles —

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print-outs, with additional input from U. S. Department of Commerce and State Department of Social and Rehabilitation Services publications.

State CHP staff, with initial assistance from other State agencies, devised the particular comparisons used in the analysis. A similar, though less extensive, analysis of 1960 census data had been prepared earlier by the State CHP Office.

The County Profiles will be particularly valuable to city-county planners, health planners, chambers of commerce and other state agencies, Mahn said, and will also be a major objective input in the State Plan for Health. Several Areawide CHP groups plan to prepare more subjective correlation supplements, according to Mahn, which will detail conclusions which might be drawn from the Profiles.

An initial printing of five hundred copies is planned. After bulk distribution to Area CHP Offices, remaining copies will be distributed from the State Office on request.

Old and Cold — One of many turn-of-the century homes in Helena.

Work Begins on Montana State Plan for Health

State CHP staff members, Mary Jane Crigler and Dave Turner have been detailed to form a State Health Plan Team. To date they have been working out an acceptable plan strategy. July, 1974, is the projected date for completion of the first edition of the plan.

While the State Office prepares a yearly work program which details the activities planned by the State CHP Advisory Council and staff, the Health Plan will be a considerably more involved document for both long and short-term planning. The purpose of the Plan will be to outline what the health scene in Montana should ideally look like in the future with statements regarding the most appropriate avenues for arriving at these goals.

One of the most important uses of the Plan will be to provide a rational basis for decision making in health matters. It will be the document to which decision makers will refer when faced with options concerning alternatives such as what type of legislation is needed to meet the health manpower requirements of the state or which of two facilities' proposals would better benefit an area. The document will also provide a rallying point for organizational efforts to effect changes in Montana's health scene.

Both consumers and providers of health services will be contacted for their input into the plan. The Areawide Committee of the State Advisory Council will review and comment on all components of the Plan as they are readied. Final approval of the Plan will come from the State Advisory Council.

Health plans prepared by several other states have provided staff members with examples of both good and bad methods and outcomes. Every effort is being taken with the Montana Plan to produce a practical, workable document which accurately reflects citizen needs and wants and which will not merely gather dust on a back shelf.

PLANNING TOOLS AVAILABLE

Two health data compilations are available from the AMA headquarters which should provide local health planning groups with useful data on physicians' fees and other health industry costs.

Produced in yearly editions by the AMA Center for Health Services Research and Development, the "Red Book," is entitled "Reference Data on the Profile of Medical Practice," and its companion volume, "Blue Book," is entitled "Reference Data on Socioeconomic Issues of Health."

Individual copies, at $1.35 each or $2.50 for the set, may be obtained from: American Medical Association, 535 N. Dearborn Street, Chicago, IL, 60610.

AMA Releases PSRO Survey

The Montana Medical Association *Bulletin* reports the results of a survey of the AMA's 51 constituent medical societies on "activities and attitudes of state medical societies on PSRO," with 27 state medical societies favoring establishment of statewide umbrella PSRO's.

Sixteen societies plan to support "an application for designation of a state-level organization as a PSRO," six do not plan applications, and one was undecided.

Montana's physicians have established a Foundation for Medical Care which could assume the functions of a state-level PSRO.

The *Bulletin* also reported that a nationwide survey of 96,950 AMA member doctors showed that "more than fifty percent" felt that "no third party authority should be exercised in utilization review of ambulatory services, the establishment and monitoring of quality care standards, and physicians' fees. Nearly half, 48.5 percent, felt that third party intermediaries should have partial responsibility for rate review."

"*Third party* authorities" could include insurance companies, consumer health interests, or Uncle Sam.

Military Program To Provide Health Professionals

Termination of the military draft has threatened to leave many rural Montana communities without doctors. Several communities presently served by physicians working in lieu of military service, may find the Uniformed Services Health Professions Revitalization Act of 1972 (PL 92-426) providing some alternatives by making available the services of a variety of health professionals under obligation to the armed forces for training.

PL 92-426 "provides for establishment and maintenance of an Armed Forces Health Professions Scholarship Program to obtain adequate numbers of commissioned officers on active duty who are qualified in various health professions."

Five thousand scholarships, divided among the various service branches, will train physicians, osteopaths, dentists, veterinarians, optometrists and Ph.D. level clinical psychologists.

Program participants will be commissioned officers in reserve components and required to serve 45 days of active duty during each year of participation. They will receive payment for all educational expenses, excluding room and board, and receive a stipend of $400 per month.

A minimum of two years of active duty obligation will be incurred by participants, computed on a basis of one year of active duty for each academic year (twelve months or less of training). Program participants may complete intern or residency training in a

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PSROs—What Are They?

Professional Service Review Organizations, or PSROs, are causing a growing furor in the health field, with no one—either consumer or provider — completely convinced that PSROs will be either good or bad.

One thing is certain, implementation of PL 92-603 Title XI, which establishes PSROs, will require some difficult decisions and involve providers of health care and the consumers they serve in a new and expanding bureaucracy.

Under the 1972 legislation proposed by Sen. Wallace F. Bennett (R-Utah), PSROs will have responsibility for:

—Reviewing hospital and other institutional care and ambulatory care through provider and patient care profiles; advance review of elective admission to facilities, and other extended or costly treatment; certification of continuing treatment in an inpatient facilities; assessment of utilization and other existing review activities; inspection of health care facilities; and review of provider records where pertinent.

—Assuring that health services paid for under Medicare, Medicaid and Maternal and Child Health Programs are medically necessary, meet professionally recognized standards, and are provided at the most economical sites.

A small portion of the surplus equipment available to qualified recipients. (See story on page 2.)

According to Henry Simmons, M.D., acting director of the Office of Professional Standards Review (HEW), January 1, 1974, will be the deadline for designation of initial PSRO areas. Substantial numbers of PSRO areas will be designated in order to give priority to local groups without excluding experienced state organizations from a role of assistance and guidance. Factors which will be assessed in selecting PSRO area designations reportedly include: ". . . each should encompass a medical service area and assume broad, diverse representation of all medical specialities; should not be so large so as to preclude active physician participation; and take into account existing boundaries of current local peer review groups and health planning areas, as well as the need for effective coordination with Medicare/Medicaid fiscal intermediaries."

Newly designated PSROs will be provisional for no longer than two years. Section 1154 of Title XI states that the HEW Secretary may require ". . . a PSRO to perform . . . as he determines such organization to be capable of performing. The number and type of such duties shall, during the trial period, be progressively increased as the organization becomes capable of added responsibility, so that by the end of the period, such organization shall be considered a qualified organization only if the Secretary finds it is substancially carrying out in a satisfactory manner, the activities and functions required of PSROs . . ."

The latest clarification from Washington indicated that there will be no limitations on the size of PSROs as was previously reported. State PSRO organizations, composed of physicians and osteopaths, may have fewer than 300 members or greater than 2,500 members.

Those states having three or more PSRO organizations will have State PSRO Councils. The State Council will be composed of: ". . . one physician from each PSRO, four physicians (two may be medical society members; two may be state hospital association members), and four consumers (appointed by the governor)." The State Councils are the only level of the PSRO which directly involve consumers.

The legislation also calls for the establishment of State Advisory Groups, composed of representatives of health care practioners (non-M.D.), hospitals and other health care facilities, to " . . . advise and assist PSRO Councils, or if there is no council, local PSROs."

A National PSRO Council will also be established to advise the HEW Secretary; distribute information to PSROs and State Councils; assess and review PSROs and State Councils; approve significantly different forms of care utilized by a PSRO; and submit an annual report to the HEW Secretary and the Congress.

Dr. Simmons says that HEW will have 200 PSROs and 50 State Councils established by June 30, 1976, with June 30, 1974 as the traget date set for review, approval and funding of the first 25 State PSRO Councils.

Described as "the biggest thing in health care delivery since Medicare was enacted in 1966," PSROs will have a great effect in Montana. Essentially, state and regional physician's organizations have been given a big chance to shoulder the responsibility of quality and cost control in health care. Montana's physicians are rising to meet the challenge. Their success and the success of physicians nationwide will decide the future of organized health delivery.

PROGRESS REPORT

—Fiscal Year 1973—

The following is a short Progress Report showing what Montana CHP did in Fiscal Year 1973 (July 1, 1972 - July 1, 1973), to accomplish the FY '73 Work Program (what we said we were going to do). The report is divided into six sections, corresponding to standing committees of the State CHP Advisory Council or special areas of CHP activity, and relates directly to Work Program objectives. Interested readers requiring additional information are encouraged to contact: State CHP Office, 510 Logan, Helena, MT, 59601, phone 449-3121.

Environment

Environmental problems have generated concern among Montanans for many years, but only recently have reached prominence in public news media coverage. FY '73 was a "big year" for environmental controversy, with statewide attention focused on plans for large-scale development of coal resources in the southeastern section of the state. Coal-related and other environmental concerns were expressed often during the '73 Montana Legislative Session, prompting much Environmental Committee and staff legislative activity in support of compatible legislative proposals (Environmental Objective 4).

With completion of a study on the feasibility of an Environmental Site Permit System (Env. Obj. 1), Montana CHP supported several legislative measures which strongly reflected many aspects of the Site Permit System. One measure that passed is a power plant siting law which appears to draw heavily from the feasibility study.

CHP environmental activity has involved encouragement and support of local environmental groups, as the forerunner of a strategy to change CHP's primary role to that of coordinator. This move came in the wake of the Committee's study of the completed Citizen's Cadre of Environmental Observers (CCEO) Project Evaluation (Env. Obj. 3), and is in line with reduced federal emphasis of CHP environmental activity.

CHP-supported local groups have conducted watershed cleanups in Gallatin County and Cascade County, formed a sawmill waste development company in Ravalli County and planned an organic waste digestion research project in Mineral County, which was funded with support from Congressman Richard Shoup.

The fourth Environmental Objective calls for CHP study and support of compatible legislative proposals introduced in the '73 Legislative Session. Environment-related legislative measures supported by the State Advisory Council, on recommendation from the Environmental Committee, included HB 73, to prohibit promotional advertising by public utilities (killed in committee); HB 93, to permit SDH&ES and the Attorney General to more adequately enforce the Solid Waste Disposal Act (killed); HB 112, to regulate motor vehicle wrecking facilities (signed by the Governor); HB 127, pertaining to site approval of energy generation and conversion plants (signed by the Governor); HB 330, to provide for environmental noise control (killed); HB 341, to provide for stricter regulation of subdivision development (carried to next session); HB 465, to broaden public policy to include prevention of air pollution, solid waste disposal and water quality (signed by the Governor); HB 492, a three year coal-lease moratorium (killed); SB 94, the Montana Strip Mining and Reclamation Act (signed by the Governor); SB 108, the Montana Surface Mining Land Reclamation and Conservation Act (killed); SB 188, the Pollution Disclosure Act of 1973 (carried); SB 297, to enable SDH&ES to aid local government in financing public health related projects such as secondary sewage treatment systems (signed by the Governor); SB 405, to regulate logging practice on state-owned or private land designated as forest (carried); and SB 444, to more closely regulate water rights (signed by the Governor).

In response to its second Objective, the Environmental Committee has completed and distributed a "philosophical position paper which presents the Committee's goals and details the methods by which the Committee and the Agency will pursue those goals." The paper has been made a part of the State CHP Statement of Planning Philosophy and is intended to guide the work of local groups.

Upon request from the Governor, the State CHP Office has assigned Ted Clack, Senior Environmental Planner, to the Human Resources Team of the Montana Energy Advisory Council. Clack will aid in planning for the social impact of coal development. Dave Turner has joined the State staff and will assist the Environmental Committee to coordinate state level environmental activity.

Personal Health Services

Personal Health Services planning is directed towards providing the "right service, in the right place, at the right time, at the right cost." Perhaps more simply, services planning is a forum where the consumer of health services has a voice in what is right for him.

The U.S. Health care system is undergoing marked change, and has come under particular scrutiny in federal efforts to control costs. In an era when many other health programs are struggling for survival, CHP is one of the few to receive a budget increase.

A great part of enabling provid-

ers and consumers of health services to meet and make rational decisions comes through providing both decision makers and the public with up-to-date information.

Montana's present health system contains many service delivery features that were not present as little as ten years ago, with a number of other innovations in organization being considered. The first Services Objective calls for providing the public with information about "existing and potential health care systems and resources."

This is an ongoing Montana CHP Objective which is reflected in many phases of staff and committee work. A primary effort has been toward production of services resource manuals.

During FY '72, the State Office produced a resource manual which cataloged available resources on a statewide basis. The finished manual, the first in the state, proved to be bulky and difficult for the layman to use. Acting on recommendation from the Personal Health Services Committee (PHSC), staff began groundwork to prepare local manuals for specific population areas. Areawide CHP groups soon took the initiative in this project, and utilizing the statewide manual as a model, produced directories for Butte, Helena, and Great Falls. Work continues to produce directories for other areas of concentrated services, in some area on a county-by-county basis.

A second approach to meeting this Objective has been preparation of specific area components of the Low-Income Task Force Report, produced by the State Office in FY '72. Following a pattern similar to that used in the resource directories, individual area reports were prepared using the statewide report as a model. The area components delineate major gaps in delivery of health services and availability of health resources, specific to each areawide, which were revealed in Task Force testimony.

A third approach has involved use of news media at both the state and areawide levels. The bi-monthly publication of the State Office contains, as well as news of State and Areawide CHP, editorial and feature material of primarily educational intent, which describes the Montana health system and successful alternate delivery systems. Areawide organizations are encouraged and aided in generating news copy about CHP activity for local media.

While public resource workshops and a statewide alternative systems seminar were not held, Services Committee members and other selected individuals were involved in sessions which considered alternate health delivery mechanisms.

Other health service legislation which was actively supported by Montana CHP includes HJR 1, requesting the federal government to reimburse all states for assistance to Indians, the elderly, dependent children, needy blind, and permanently disabled (signed by the Governor); HJR 18; HB 50, to increase the age limit of dependent children to 18, (signed by the Governor); HB 51, to establish a youth services advisory council (killed); HB 200, to regulate and license clinical laboratories and personnel (carried to '74 session); HB 202, to support family planning by state policy (carried); HB 261, providing for infant health screening (signed by the Governor); HB 262, redefines and improves standard premarital serological testing (signed by the Governor); HB 263, to provide a standard serological test for women seeking prenatal care (signed by the Governor); HB 439, to create the office of Montana Citizens' Advocate (carried); SJR 5, requesting USDA to treat Montana's winter allowance as an income disregard (signed by the Governor); SB 42, to allow ADC, in school to 22 years, and make the child of unemployed parents eligible for welfare benefits (carried); SB 53, defining residency for general relief recipients (signed by the Governor); SB 69, to allow ex-military personnel to take an equivalence examination for RN license (carried—this measure was opposed by CHP); SB 255, to remove referendum provisions in Housing Authorities Law (killed); SB 297, to enable DH&ES to aid local governments in financing public health related projects (signed by the Governor).

Continuing effort has been applied to following up recommendations for service improvements contained in the Low-Income Health Task Force Study, called for by the fourth Services Objective. HJR 18 was itself an outgrowth of the Task Force recommendations. Another recommendation which led to successful legislative effort was repeal of the lien law, which would take the real property of indiduals applying for aid to the aged or disabled. Also an outgrowth of Task Force findings was a Montana Indian Cultural Awareness Conference, sponsored by Governor Thomas L. Judge and coordinated by State CHP staff.

Detailed reports of Task Force findings, updated to present status, have been completed and published for each areawide. These reports correlate recommendations, as yet unacted upon, and expand upon areas of particular need that have been more completely revealed in later field work.

Patricia Ulman and Dennis Taylor share responsibility for assisting the State Personal Health Services Committee, conducting health services research, and statewide planning.

The second Services Objective calls for completion of a study on how public health services are provided in Montana. The third Objective involves support of compatible legislative proposals. As FY '73 was a legislative year in Montana, CHP Services Committee work involved study, drafting and support of many legislative proposals.

A series of meetings between the State CHP Personal Health Services Subcommittee, Montana State Low-Income Organization, Montana United Indian Alliance and other interested groups, using documentation and recommendations obtained from the previously mentioned Low-Income Task Force Study, culminated in drafting HJR

18, which was subsequently passed and signed by the Governor.

HJR 18 calls for the Montana Legislative Council, in conjunction with SDH&ES to conduct a study of public health service delivery in Montana—to establish minimum levels of service and to study the feasibility of district public health departments—slated to be complete by the end of 1975.

Also passed with the firm support of Montana CHP was SJR 34, calling for Legislative Council study of health maintenance organizations, an alternative form of health care delivery. Staff and Services Committee members testified at over twenty hearings before various sub-committees of the State Legislature.

Manpower

Primarily a rural state with seven Indian reservations and a substantial seasonal population of migrant workers, Montana presents problems of health manpower that are both typical and unique. A long-standing shortage and maldistribution of health professionals is made more critical when winter limits consumer transportation to available care.

With many communities in the state currently searching for doctors, the first statewide Manpower Objective is to provide those communities with proven methods of obtaining these professionals. The State Office has published a "Physician Recruitment Manual," which has been distributed to individuals in many communities, and has aided in submitting successful applications for doctors through the Public Health Service and the National Health Service Corps. Nearly twenty physicians are working in the state under national contract.

Recruitment, training, and increased utilization of "non-nursing allied health personnel," such as physical therapists, inhalation therapists, etc., make up the second statewide Manpower Objective. Work has centered on accumulating and distributing information about present federal programs, existing licensure regulations and needed legislative changes. More than a dozen physician assistants are now practicing in the state.

The growing contribution of "para professionals" to improved health care in Montana and the nation was a central theme of a Montana Indian Cultural Awareness Conference, sponsored by Governor Thomas L. Judge and coordinated by State CHP. Conferees agreed that Indian community health workers were making a positive impact on reservation health.

The growing success of the Seeley - Ovando - Swan (S.O.S.) Health Center, a community nurse pilot project, has encouraged similar efforts in other sparsely populated regions of Montana as well as in other states, (Manpower Objective M.3). Evaluation of the S.O.S. Project has also developed closer ties between the Nursing and Health Education Bureaus and the CHP Division of MSDH&ES, and has stimulated a "departmental team approach" to improving community health. A publication which describes the project in greater detail, "Introducing a Community Nurse Practitioner — One Successful Approach to Community Health Care," is in printing.

During FY '73, three social work students have worked with the State Office to complete the statistical groundwork for a Health Manpower Source Book, which will detail the numbers and types of health professionals practicing in the different planning areas of the state. When published, the catalog will provide a basic tool for health planning groups across the state.

Health manpower related legislative measures supported by Montana CHP include HB 200, to regulate and license clinical laboratory facilities and personnel (carried to '74 session); and HB 202, to support family planning by state policy. Montana CHP opposed SB 69, which would enable ex-military personnel to take an equivalence examination for licensing as a registered nurse (carried to '74 session).

FY '73 has included a national election, a change of administration in Montana, implementation of a new state constitution, and a state legislative session — all of which promises to add many changes and different areas of emphasis in health manpower planning.

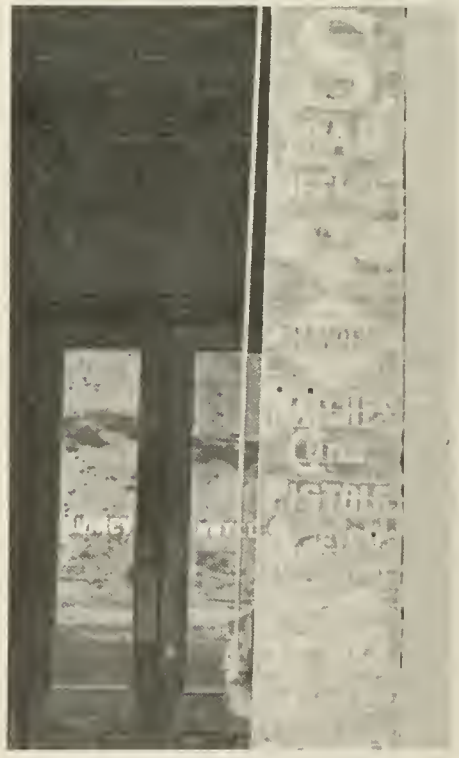
Mary Jane Crigler is responsible for staff assistance to the State CHP Manpower Committee.

Facilities

An ongoing objective of health facilities planning by Montana CHP has been to establish (Obj. F.1) an efficient, "rational health facilities planning model." This Objective is closely allied with the facilities "review and comment" responsibilities mandated to CHP agencies.

Recently appointed HEW Secretary, Casper Weinberger, told a House Subcommittee on March 1, 1973:

"The Social Security amendments enacted last year prohibit Medicare and Medicaid reimbursement of costs related to capital expenditures by a health facility which has made capital improvements against the advice of the designated planning agency. We are hopeful that increasing the authority of the CHP



Old Quincy Hotel, Helena.

agencies along with the modifications we will be proposing will lead to a more rational development of state and local health resources . . ."

The "modifications" which Secretary Weinberger mentioned appear likely to include increased emphasis on facilities review and comment, and on cost containment. Review and comment by area CHP organizations on applications for health facility expansion reimbursed by federal funds is required by law if there is an increase in bed capacity, a change of service, or if the total cost of planned changes is over $100,000.

A preliminary draft of a review and comment system, specifying organizational relationships and review criteria, has been developed and distributed within the agency and to the State Advisory Council, areawide CHP organizations and the provider community. The relative roles of the CHP Division and the Hospital and Medical Facilities Division of the SDH&ES are being clarified through meetings, seminars, and other educational approaches.

Because review of facility expansion proposals promised to consume a great deal of time and resource that would otherwise be spent on multi-range health facility planning, Montana CHP has responded with policy decisions to distinguish between facilities planning and review and comment work. It is hoped that this change will permit adequate staffing and budgeting for both extremely important responsibilities.

Final correlation of Part 1 of the Patient Origin Study data (Obj. F-2) has been accomplished. Essentially a statistical aid to health planning (like the County Profiles, a compilation of latest census data published by State CHP for each areawide planning district), patient origin data is published in separate reports as completed.

Study of the "satellite" system model for rural health care delivery (Obj. F-3) continues. Satellite organization may involve a number of forms of cooperation between health facilities in a common patient catchment area. A research report on some typical service sharing systems and on use of the satellite system nationwide has been compiled and approved for distribution by the Committee.

Health facility-related legislation supported by Montana CHP includes HB 200, to license clinical laboratory facilities and personnel (carried to '74 session); SB 194, to repeal the requirement for registering registered medical facilities (signed by the Governor—the Facilities Committee assisted the Hospital and Medical Facilities Division of DH&ES in drafting this measure); SB 195 and SB 196, to redefine "hospital" (signed by the Governor—the Facilities Committee aided HMFD in drafting these measures.)

Responsibilities of state-level facilities planning, research and staff assistance to the Facilities Committee have been assigned to Cathy Campbell.

Education

Planning and sponsoring educational programs, seminars and meeting for state and areawide council members, staff and members of other organizations is an ongoing activity of Montana CHP (Obj. Ed. 1).

The State Office is an active publisher, producing a newsletter, statistical studies (such as the Patient Origin Study, County Profiles), evaluation and feasibility studies (Environmental Site Permit Feasibility Study, Area Health Task Force Reports, S.O.S., Community Nurse Project Evaluation), educational and training manuals (physician and nurse recruitment manuals, local health resource directories), and a multitude of committee materials, legislative bulletins, impact statements, progress reports, abstracts, etc. The State Office maintains an extensive and growing library of health planning information. While most of this material is intended for the specific use of CHP Council and Committee members, much is intended to inform and educate the provider community and the general public about the concept of CHP and about specific CHP activities.

During FY '73, the State Office staffed public information separate from planning to aid in formalizing many information processing steps. As the number of Montanans involved in CHP grows, as greater public attention is focused on the program, and as organizational efforts are expanded into more rural areas of the state, the sheer volume of printed matter handled complicates the operation.

The concurrent expansion of Montana CHP through organization of local CHP units and collecting community input on a State Plan for Health, has added to the need to distribute educational materials, as well as to efficiently collect and record community concerns and priorities. The problem of securing reliable and representative information input has hampered CHP efforts nationwide.

In the company of CHP organizations nationwide, the Montana Agency has studied many alternate ways of structuring community meetings to provide representative "base data" as a foundation for a State Plan for Health. In field work during FY '73, the "Nominal Group Process" (see areawide section) proved to be a successful method of generating a broad spectrum of community input.

A series of four educational seminars were conducted in Montana during FY 1973. The first dealt with "Consumer-Provider Dialogue in CHP," the second with "The CHP Organization—its Productive Roles, Functions and Relationships," the third with "The Nominal Group as a Program Planning Model," and the fourth with "Implementing New Facility Regulations." Staff competence in conducting seminars, conferences, and public meetings has been greatly improved, while committee members have been provided with many workable planning techniques and insights on the CHP process.

Many educational seminars, part of a series that began in 1969, have been funded by "Education and Training" grants from U.S. Department of HEW. Conducted by the Program of Continuing Education in Public Health, San Francisco, the series has been useful in expanding the planning capabilities of CHP.

Areawide Planning

Areawide planning activity conducted by the State Office has involved specific thrusts in four of the five areawide planning districts, with more broadly directed work to prepare a State Health Plan. Four Areawide Planning Objectives are directed toward organization, three toward developing county and local CHP groups and one to establishing an Areawide Planning Organization in Eastern Montana.

Implementation of PL 92-603, requiring review and comment by the designated planning authority of plans for health facility construction and expansion, has placed an increasing review burden on Areawide Facilities Committees. In response, three Areawide Objectives deal with increasing facilities review capability on the areawide level.

With the absence of Areawide CHP in eastern Montana, the State Facilities Committee has been responsible for conducting these reviews. Assumption of Areawide CHP responsibilities by Economic Development Association of Eastern Montana has happily relieved the State Facilities Committee of direct facilities review work. State staff has worked on loan with areawides to improve review capabilities as requested.

Each areawide has received a $27,000 share of an HEW grant, obtained through the Alcoholism and Drug Abuse Bureau of the State Department of Health and Environmental Sciences, to establish or support an alcoholism program for all area counties. Each areawide will also receive a $12,900 share of 314(c) funds in the "Education for Action" Program.

Staff shortages, particularly in light of Montana's great distances and often sparse population, have been a chronic problem of Areawide CHP. Organizational work, collection of input on the State Health Plan, action on specific recommendations in area components of the Low-Income Health Task Force Report, as well as the increasing burden of facilities expansion review, have forced areawides to rely on staff sharing arrangements of many kinds. The 314(c) funded health education in each area should alleviate at least part of this difficulty.

NORTHCENTRAL AREA—

Blaine, Cascade, Chouteau, Fergus, Glacier, Hill, Judith Basin, Liberty, Petroleum, Pondera, Teton, Toole Counties.

The third and fourth Areawide Planning Objectives deal with organizing county CHP groups in Northcentral, and with improving the facility review capability of Northcentral's Facilities Committee.

Concurrent with development of the Northwest Area, needs assessment meetings of the Nominal Group-type have been held in many northcentral counties. Liberty, Fergus, Judith Basin, and Teton counties have organized active CHP groups.

The Northcentral Areawide Council has recently undergone considerable internal reorganization, and has formed an Education Committee "to establish educational programs for board members and general Council membership to prepare committee members for the work programs they have undertaken." The committee is working with community development specialists at Montana State University.

Organizational work in Northcentral Areawide has been considerably hampered by lack of personnel and has relied heavily on assistance from state staff. Nominal Group-type needs documentation meetings have been held in Choteau (Teton County), Stanford (Judith Basin County), Havre (Hill County), and Fort Benton (Chouteau). Recent funding of a 314(c) grant application entitled, "Education for Action," has funded an additional staff person for education and organizational purposes.

A great part of Northcentral staff and committee time has been spent in conducting facility review and comment work, with the assistance of state personnel. Six reviews have been completed, with final direct approval of five and approval with modifications of the sixth; amounting overall to an increase of 84 acute hospital beds and 202 nursing home beds. Area needs for state staff on loan to conduct facility review work should be reduced when the 314(c) positions are filled.

SOUTHCENTRAL AREA—

Big Horn, Carbon, Golden Valley, Musselshell, Stillwater, Sweet Grass, Wheatland, Yellowstone Counties.

The six and seventh Areawide Planning Objectives call for organization of county CHP groups and efforts to improve facilities review and comment capability in Southcentral Areawide.

Hampered by uncertain staffing arrangements and the need to more firmly establish roles and relationships in the areawide organization, Southcentral has been concentrating on "home base." Two major accomplishments have been formation of a city-county health department for Billings and Yellowstone County, and organization of the Yellowstone Council for Community Service (formerly Yellowstone Council of Social Agencies) to conduct CHP in Yellowstone County and the Billings area.

Southcentral has conducted two Nominal Group-type meetings in Billings on an "experimental" basis to train staff and introduce the technique. A steering committee has been formed in Billings to plan further organizational work in Billings and the surrounding area.

Southcentral has an active Facilities Committee which has processed four applications and presently has three applications pending, one of which is for a major remodeling project at Billings St. Vincent's Hospital.

SOUTHWEST AREA—

Beaverhead, Broadwater, Deer Lodge, Gallatin, Granite, Jefferson, Lewis and Clark, Madison, Meagher, Park, Powell, Silverbow Counties.

Southwest Areawide, Montana's only free-standing 314(b) agency, was not specifically dealt with in the FY '73 Work Program, and continuously grows more independent of state assistance. The Southwest Areawide Health Planning Council (SWAHPC) has spawned active local CHP organizations in

Gallatin County (Bozeman), Silver Bow County (Butte), and Lewis and Clark County (Helena). With these organizational centers, Southwest has concentrated heavily on extending service programs and coordination efforts throughout the remaining nine counties.

With what might be called an "active staff/passive council" approach, Southwest has followed a strategy of encorporating existing organizations into the CHP network through shared board and council seats. Southwest is active in sponsoring mental health centers, testing clinics, alcoholism and other drug addiction programs, and is the only Montana CHP Areawide to perform the A-95 review function for area counties.

NORTHWEST AREA—
Flathead, Lake, Lincoln, Mineral, Missoula, Ravalli, Sanders Counties.

The first two Areawide Planning Objectives deal with organization and improvement of facility review capabilities in Northwest Areawide Work in Northwest's seven counties has been a major effort, resulting in establishment of local CHP organizations in all but Lincoln County. Teams of areawide and state staff have made extensive use of the Nominal Group technique (previously the topic of a Continuing Education in Public Health Seminar, mentioned in the education section) to both create an organizational nucleus for local CHP and to representatively document expressed community needs and priorities.

Besides introducing the CHP concept and program in connection with an activity (preparation of a State Plan for Health) of demonstrable statewide and local value, needs assessment meetings conducted in nominal groups, enable citizens to express themselves more freely without many of the strictures of more conventional meeting procedures.

The State Office has been notified by HEW of approval of a 314(c) grant application, entitled "Education for Action," which has funded one position in each area for one year to continue needs assessment meetings, organizational work and training of newly established local organization members. In response to the growing numbers of facilities proposals which must be reviewed by area planning groups, particular attention will be given by the grant-funded "health educators" to facilities review training of area committees. This project has permitted reduction of the number of state staff involved in organizational work, and reduced state support expenditures.

With an eye toward enabling Northwest Areawide to assume the A-95 review function for health-related federal expenditures, and to become recognized as the regional health authority, considerable effort has been expended to gain CHP input on revenue sharing expenditures for health. Northwest has obtained $65,000 in revenue sharing funding for the S.O.S. Health Center, mentioned in the Manpower section, and funding for three staff positions in the Missoula-Mineral Health Department (including a public health nurse).

Northwest Areawide has become the allocation authority for an area share of a $27,000 alcoholism program and another drug abuse program, and is establishing local drug evaluation committees for input on drug related expenditures.

Following needs assessment meetings in northwest communities, public health activity, such as formation of county health boards and hiring public health personnel, has been a frequent occurrence. Northwest has also been successful in developing Indian input in planning activity.

EASTERN AREA—
Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Prairie, Powder River, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, Wibaux Counties.

The fifth Areawide Planning Objective calls for organization of an areawide planning group in the Eastern Area.

Extensive activity has developed formal agreement with the Economic Development Association of Eastern Montana (EDAEM) to assume areawide CHP functions for the entire Eastern Area. This agreement was formalized in mid August of 1973.

In its three year history, EDAEM has established an extensive organization with three members from each of eighteen counties and two Indian reservations. The organization has been primarily involved in economic and social development, with established committees in the fields of agriculture, education, finance, recreation and tourism, transportation and water development, and conservation. As EDAEM has not been primarily involved in health planning, membership is nearly ninety-five percent consumers.

Over twice the geographical size of any existing Montana CHP Areawide, EDAEM has three districts: Northeast District I, Daniels, Phillips, Roosevelt, Sheridan, and Valley Counties; Eastcentral District II, Dawson, Garfield, McCone, Prairie, Richland, and Wibaux Counties; Southeastern District III, Carter, Custer, Fallon, Powder River, Rosebud and Treasure Counties.

EDAEM has prioritized problems in committee areas and has developed long and short range goals and objectives and action plans. The EDAEM lists as its first purpose "to provide the leadership required for developing and implementing plans for the orderly development, improvement, conservation, and efficient use of human and natural resources; and to take the necessary action to insure improvement of economic opportunities for the people in Eastern Montana."

State View

The statewide activity of Montana CHP has evolved from many concerns, with preparation of a

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State Plan for Health as a central theme. Organizational work, underway to expand the base from which representative input on the written plan may be obtained, has been conducted through county needs documentation meetings on the "Nominal Group" pattern.

The three-level State Health Plan will represent state, areawide, and county or local perspectives on Montana's health needs following the simple strategy of determining what is presently available, what is needed and desired, and evaluating and recommending alternate ways of meeting these needs. Mary Jane Crigler and Dave Turner, have formed a team to prepare the first written draft of the plan.

Establishment of an Areawide Health Planning Organization in eastern Montana to complete area organization of the state has been a major concern of the State Office in FY '73. Arrangements were formalized in early FY '74 with the Economic Development Association of Eastern Montana to assume responsibility for Eastern Area health planning.

Montana CHP has obtained 314 (c) grant funding which has placed an additional staff person in each area to educate interested local citizens in effective methods of CHP, and to aid in collecting input for the State Plan by conducting additional public meetings. In addition, HJR 18, calling for a Legislative Council study of Montana's public health system, was passed by the 1973 Legislature and will provide major input into the State Plan.

The State Office is being called upon increasingly to act as publisher for studies, manuals, guides and statistical compilations of health planning information. Efforts continue to improve information handling and increase efficiency of publishing functions.

An ongoing responsibility of State staff and council is refinement of committee membership to be representative of both a broad geographical constituency and a wide variety of health interests, areas of knowledge and special ability. With elected officials disallowed as consumers, membership changes have been necessary to maintain the 51% consumer majority. Work continues to coordinate federal, state and areawide concerns in council and committee membership policy. Presently, to incorporate available expertise as needed, committee members may often not be members of the general Advisory Council. Committee decisions and recommendations must be approved or adopted by the council as a whole.

Acknowledging changing federal emphasis, State CHP will direct formal efforts in environmental health to an essentially coordinating role for the efforts of other groups and agencies. With cost containment growing to be a central federal theme, Montana CHP will increasingly use cost as an evaluation factor and as a basis for establishing priorities and making decisions.

CHP Conducts Indian Follow-up

In the wake of Governor Judge's Indian Cultural Awareness Conference, State CHP has been involved in "follow-up" on conference results and findings. At the end of their three-day meeting, Indians and professional health care providers presented recommendations to the Governor.

In response to the question "What do you see as the best means for attacking the problems in delivering health care to Montana Indians?" conferees gave first priority to involving more Indian students in health careers.

Additional recommendations asked increased funding for improvement of conditions related to poor Indian health and suggested increasing political awareness of Indian problems—particularly prejudice. More detailed responses have been tabulated and distributed to participants and decision makers.

Conference Chairman Harold Gray, who is with the Indian Studies Program at U of M in Missoula, will prepare the published records and findings in cooperation with State CHP.

The State CHP Office in a cooperative agreement with the Inter-Mountain Regional Medical Program secured funding and hired an Indian Health Planner, Duane Jeanotte. He will be responsible for coordinating state-level efforts to involve more Indians in health careers and in health planning. He will also devote time to dealing with inquiries from Indian students who are interested in health careers.

State CHP has been in contact with Montana United Scholarship Service (MUSS), in Great Falls, concerning plans for an Urban Indian Clinic there. The Indian Education Center in Great Falls, MUSS, and both State and Areawide CHP would cooperate in providing services to landless and off-reservation Indians.

Military Program —

—continued from page 4

military facility on active duty, or in a civilian facility (as in Montana or another state) on inactive duty status without increasing his active duty obligation.

Students who fail to complete the academic portion of the program must serve on "active duty in an appropriate military capacity" to fulfill their obligation.Those dropped from the program may be relieved of military obligation "when such action would be in the best interest of the military department," and be referred to HEW "for possible assignment to an area of health manpower shortage . . ."

Additional information may be obtained through an armed forces recruiter.